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BUREAU OF FACILITY STANDARDS
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INFORMATIONAL LETTER #2002-14

DATE:

July 22, 2002

TO:

ALL IDAHO NURSING FACILITIES

ALL IDAHO HOSPICE AGENCIES

FROM:

DEBBY RANSOM, R.N., R.H.I.T., Chief

Bureau of Facility Standards

SUBJECT:

SQSB STATE LETTER No. 693

REGARDING PROMISING PRACTICES FOR IMPLEMENTING THE MEDICARE HOSPICE BENEFIT FOR NURSING HOME RESIDENTS

Enclosed is a copy of a recent Survey Quality and Standards Branch (SQSB) State Letter.

This State Letter contains information pertinent to Nursing Facilities and Hospice Agencies

If you have any questions regarding this State Letter, please contact Loretta Todd, R.N., Co-Supervisor, Long Term Care, or Diana Gassel, R.N., Co-Supervisor, Long Term Care, or Sylvia Creswell, QMRP, Supervisor, Non-Long Term Care at 208/334-6626.

DEBBY RANSOM, R.N., R.H.I.T., Chief

Bureau of Facility Standards

DR/nah Enclosure

cc:

Idaho Health Care Association Idaho Hospice Association



Region 10 2201 Sixth Avenue, MS/RX-48 Seattle Washington 98121

July 10, 2002

Survey Quality and Standards Branch STATE LETTER NO. 693 RECEIVED JUL 1 5 2002

SUBJECT INDEX CATEGORY: 18, 4

FACILITY STANDARDS

SUBJECT:

S&C 02-29: Promising Practices for Implementing the Medicare Hospice Benefit for Nursing Home (NH) Resident

Enclosed is a copy of a memorandum dated May 10, 2002, from the Director, Center for Medicaid and State Operations. This memorandum is to provide detailed guidance on implementation of the Medicare Hospice Benefit in nursing homes. The guidance is not regulatory but is consistent with existing federal requirements, such as those found in Appendix P (pages P-53 and P-54)

If you have any questions, please contact a member of your state team at (206) 615-2313.

Sincerely,

Dan S. Dolan, Chief

Survey Quality and Standards Branch Division of Medicaid and State Operations

Enclosure





7500 Security Boulevard Baltimore, MD 21244-1850

Ref: S&C-02-29

DATE:

May 10, 2002

FROM:

Director

Survey and Certification Group

Center for Medicaid and State Operations

SUBJECT:

Promising Practices for Implementing the Medicare Hospice Benefit for Nursing

Home (NH) Resident

TO:

Associate Regional Administrator, DMSO

State Survey Agency Directors

The purpose of this memorandum is to inform you that the Centers for Medicare & Medicaid Services has developed several promising practices for the successful implementation of the Medicare Hospice Benefit for nursing home residents. The following practices were developed after consultation with the long-term care and hospice industry representatives and are part of our commitment to assure that nursing home residents who elect the hospice benefit receive the needed care and services from providers. These guidelines are not a regulatory requirement, but they are consistent with Federal requirements if properly implemented. They are intended to offer a framework to structure a collaborative relationship between the hospice and nursing home when they are providing care to common patients and their families at the end of life. We hope that they will be helpful for providers and assist them in promoting quality care to nursing home residents who have elected the hospice benefit.

Development of Partnership

- 1. Hospice and NHs providing services to common residents develop a written contract before services begin that addresses at least the following issues:
 - Resident eligibility, desire, and election of hospice;
 - Resident rights and confidentiality;
 - Orientation and continuing education of staff caring for the resident;
 - Financial responsibility for "room & board;"
 - Financial responsibility for medications, supplies, medical equipment, and ancillary services:
 - Professional management responsibility of the hospice; and
 - Liability and insurance.

- 2. In addition, the hospice and NH negotiate and include in the contract, how they will coordinate their services. These issues include, but are not limited to, the following areas:
 - Hospice staff access to and communication with NH staff;
 - Development of coordinated plan of care;
 - Documentation in both respective entities' clinical records or other means to ensure continuity of communication and easy access to ongoing information;
 - Role of any hospice vendor in delivering supplies or medications;
 - Ordering, renewal, delivery and administration of medications;
 - Role of the attending physician and process for obtaining and implementing physician orders;
 - · Communicating resident change of condition; and
 - Change in level of care and transfer from facility.

The hospice and NH review this contract as appropriate for needed changes and/or improvement in the working relationship between the two entities and/or the care and services provided to residents electing the hospice benefit.

- 3. Hospice and NH managerial staff should share common philosophical values in end-of life care. Both facilities should include key managerial staff in contract and procedural negotiations.
- 4. Hospice should provide on going training to the applicable NH staff, as needed, regarding the hospice philosophy and implementation of the individual's coordinated plan of care. Educational information is given to and understood by all direct care staff before care is provided to residents.

Coordination of Care Practices

- 5. Hospice and NH keep the resident/family needs first and keep the lines of communication open with each other related to these needs
- 6. Hospice and NH communicate, establish, and agree upon a coordinated plan of care that reflects the hospice philosophy and is consistent with both the hospice and NH requirements, and is based on an assessment of the individual's needs and unique living situation in the NH.
- 7. All services necessary to meet the physical, psychosocial, medical and spiritual needs of the resident/family are reflected in the plan of care.
- 8. Coordinated plan of care identifies the discipline and provider to be held responsible/accountable for each intervention. For example, the hospice aide visits on Tuesday and Thursday to bathe the resident. The NH aide bathes the resident on Monday, Wednesday, and Friday. If there is an unanticipated need to change the schedule, notification must be given to the other provider and resident to assure that the resident's needs continue to be met.

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We are considering incorporating the content of these practices more formally into the regional office and state agency surveyor guidance, in addition to the information that is currently available in Appendix P and section 2082 the <u>State Operations Manual</u>

We would be interested in your comments on these practices and on any other ideas you may have to promote quality care to our residents in nursing homes who elect the hospice benefit. You can send your comments to Mavis Connolly of my staff at mconnolly@cms.hhs.gov. Thank you very much for your interest and cooperation.

/s/ Steven A. Pelovitz